37 CFR 3.73(b). Lhereby appoint:

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO I hereby revoke all previous powers of attorney given in the application identified in the attached statement under

Р 01	ractitioners associated with the Custor	ner Number:	35489			
P	ractitioner(s) named below (if more tha	n ten patent practitioners	are to be named	t, then a customer number	nus(be used);	
	Name	Registration Number		Name	Registration Number	
-						
-			 			
-						
F						
attorn	ey(s) or agent(s) to represent the und	ersigned before the United	States Patent a	and Trademark Office (USP	TO) in connection with	
iy and tached	all patent applications assigned only to to this form in accordance with 37 CF	the undersigned according R 3.73(b).	g to the USPTO	assignment records or as:	signment documents	
ease c	hange the correspondence address fo	r the application identified	in the attached	statement under 37 CEP 3	73/h) to:	
			ar and detocared	outcoment ander 57 Cr N 5.	73(0) 10.	
M	The address associated with Custom		35489			
OR	The address associated with Custom	er Number:				
	irm or dividual Name					
Address						
Dity		State	State		Zip	
Country						
Telephone			Email			
signee gensy	Name and Address:					
	olorado					
anta N	fonica, CA 90404					
	of this form to pather with a seri		700 \ 4			
ed in e	of this form, together with a state each application in which this fo	in is used. The state	ment under 3	7 CFR 3.73(h) may be	completed by one of	
e prac	titioners appointed in this form at identify the application in whi	if the appointed pract	itioner is auti	norized to act on hehal	f of the assignee,	
umus	cidentity the application in will					
	The individual whose signatu	SIGNATURE of Assignment and title is supplied be	nee of Record ow is authorize	d to act on behalf of the ac	sience	
gnature	6-11)		The state of the s	Date 1/4	110	
me	Shane M. Popp J.D. L.L.M.		months and an extension	Telephone (31	0) 382-2828	
ie	Associate Director, Legal					

The coffeeced of information is "Sequence by 3 C RR 1 31.1.32 and 1 33 The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO is process) an application. Continentality is governed by 5 U.S. C 1/2 and 37 C RR 1 11 and 1.1.4 This collection is estimated to take 3 minutes by controlled including optioning possible, and submitting the completed application from the IMEDPTO in the will very depending upon the individual case. Any controlled including on the advantage upon the advantage case and controlled in the information of th FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

STATEMENT UNDER 37 CFR 3.73(b)						
Applicant/Patent Owner: Agensys, Inc.						
Application No./Patent No.: 7,166,714 Filed/Issue Date: January 23, 20	007					
Entitled: SERPENTINE TRANSMEMBRANE ANTIGENS EXPRESSED IN HUMAN CANCE	RS AND USES THEREOF					
Agensys, Inc. , a Corporation (Name of Assignee) (Type of Assignee, e.g., corporation, partnership university, government agency, etc.)						
states that it is:	inership university, government agency. etc.)					
1. the assignee of the entire right, title, and interest in;						
The assigned of the chare right, and, and interest in,						
an assignee of less than the entire right, title and interest in						
(The extent (by percentage) of its ownership interest is%); or						
the assignee of an undivided interest in the entirety of (a complete assignment from one of the joint inventors was made)						
in the patent application/patent identified above by virtue of either:						
A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached. OR B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:						
						From: All inventors To: Urogenesys, Inc.
The document was recorded in the United States Patent and Trademark Office at						
Reel 010903, Frame 0988, or for which a copy thereof is attached.						
2. From: Urogenesys, Inc. To: Agensys, Inc.						
The document was recorded in the United States Patent and Trademan	rk Office at					
Reel 012193, Frame 0267, or for which a copy thereof is attached.						
3. From: To:						
The document was recorded in the United States Patent and Trademai	rk Office at					
Reel, Frame, or for which a copy thereof is attached.						
Additional documents in the chain of title are listed on a supplemental sheet(s).						
As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.	the original owner to the assignee was,					
(NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO.	be submitted to Assignment Division in See MPEP 302.08]					
The undersigned (whose title is supplied below) is authorized to act on behalf of the assigner	e.					
/Barrie D. Bell/ February 19, 2010						
Signature Date						
Barrie D. Bell	Patent Agent					
Printed or Typed Name	Title					

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application Confidentiality is generated by 35 U S C 12 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 manutes to complete including agreeming preparing and supermixing the complete deposition from the full SPPTO Time will vary depending upon the drandvalut asks. inval you require to combined this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patient and Trademore Officer, U.S. Patient Officer, U.S. Patient S. P.O. Box 1450, Alexandria, V.Z. 22(3):1450, D.O.T. SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.Z. 22(3):1450, D.O.T. SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.Z. 22(3):1450, D.O.T. SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.Z. 22(3):1450, D.O.T. SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.Z. 22(3):1450, D.O.T. SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.Z. 22(3):1450, D.O.T. SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.Z. 22(3):1450, D.O.T. SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.Z. 22(3):1450, D.O.T. SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.Z. 22(3):1450, D.O.T. SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: COMPLE

